

**2021-2022 Membership Application**

Please print & fill out the application completely. BGCGC will NOT accept incomplete applications.

First Name: (**Must match school records)** Middle Initial: Last Name:

Address: Email Address (Parent):

Zip Code: City: Home Phone:

Child’s Birthdate: Cell Phone (Parent): Club Member for:

\_\_Less than 1 year

\_\_1-2 Years

\_\_2 or More Years

Club Member will Race/Ethnicity:

\_\_Black or African American \_\_Asian

\_\_White/Caucasian \_\_Native American

\_\_Hispanic/Latino \_\_Bi-Racial

\_\_Hawaiian/Pacific Islander \_\_Multi-Racial

\_\_Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attend:

Gender:

\_\_Columbia Falls

\_\_Evergreen

\_\_Female

\_\_Male

Grade during 21-22 Name of School: Name of Teacher:

School Year:

**Household Info (Please Print)**

Is Member from a Single Parent Household: Gender of Head of Household: Member Receives:

\_\_Yes

\_\_No

\_\_Free Lunch

\_\_Reduced Lunch

\_\_None

\_\_Male

\_\_Female

Member Lives With: (circle one) Military Household:

\_\_No, not military

\_\_Air Force

\_\_Army

\_\_Coast Guard

\_\_Marine Corps

\_\_Navy

Both Parents Mother Father Aunt/Uncle

Grandparents Foster Care

Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Live on Base?

\_\_Yes

\_\_No

**Member’s Medical Profile (Please Print)**

Does member have any allergies or Does member have any

\_\_ADD/ADHD

\_\_Diabetes

\_\_Emotional/Behavior

Disorder

\_\_Epilepsy/Seizure

Disorder

\_\_Gastrointestinal

Disorder

\_\_Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_Yes

\_\_No

\_\_Yes

\_\_No

dietary religious restrictions? special medical conditions?

\_\_Beef

\_\_Pork

\_\_Fish/Shellfish

\_\_Milk/Dairy Products

\_\_Peanuts/Peanut Butter

\_\_Tree Nuts

\_\_Wheat/Gluten

\_\_Drug Allergy (provide name)

\_\_Other

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does member take any prescription medication?

If yes, please list the names of those medications:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If prescription medications HAVE to be administered

during Club hours, parent must complete additional

medication form. We prefer to not keep medication

at the Club. However, if it is necessary, it will be kept

in a lock boxed.

Physician Name & Phone Number: Insurance Company & Policy #:

**Parent/Guardian Information (Please Print)**

**Primary Parent/Guardian**

First Name: Last Name: Home #:

Employer: Occupation: Do you receive vouchers from the

housing authority or do you live in

public housing?

\_\_Yes

\_\_No

Work Number:

Cell Number: If yes, please list the name of the

agency you receive assistance:

**Secondary Parent/Guardian**

First Name: Last Name: Cell Number:

Work Number: Employer:

Is Parent/Guardian authorized for pick up/emergency contact? Occupation:

\_\_\_ YES \_\_\_NO

**Emergency Contacts other than Parent/Guardian (Please Print)**

Contact 1 Name: Contact 1 Phone Number:

Contact 2 Name: Contact 2 Phone Number:

Contact 3 Name: Contact 3 Phone Number:

Contact 4 Name: Contact 4 Phone Number:

**Authorized to pick up member from Club (Please Print)**

Name and phone #: Name & phone #:

Name and phone #: Name & phone #:

Name and phone #: Name and phone #:

Name and phone #: Name and phone #:

**Authorized to leave premises unescorted:**

\*\*ANY child **under the age of 13** is NOT permitted to walk home from the Club without adult supervision from an authorized pick up contact.\*\*

\_\_My child is 13 years or older but **DOES NOT** have my permission to check him/herself out of the Club.

\_\_My child is 13 years or older but has my permission to walk/leave the Club at the following days and times:

Day and time: Day and time:

Note: if there are any legal situations regarding unauthorized pick-ups/visitations, please provide that information to the Club (i.e. court orders).

**Additional Household Info (Please Print)**

Number of Persons in Family Unit (# in household): Gross Annual Household Income- before taxes/deductions

**Media Permission Form (Please Initial)**

RE: Use of Name, Photograph, Video and Identity in connection with Advertising and/or Promotion of the organization.

For valuable consideration I, the undersigned, hereby irrevocably consent to and authorize the unrestricted use by Boys & Girls Club of Glacier Country and their subsidiaries, affiliates and advertising agencies (“Companies”) of my child’s name, photographs, videos, works of art and identity in various BGCGC website and collateral material, as well as miscellaneous print publications and other media outlets, and any personal information that I supply to the Companies, in connection with advertising and promotion of the Companies and/or their products in any media, form or material selected by the Companies, without any right of prior review or further approval, whether such advertising and promotion is to the public, to the trade, or both, and in the corporate releases, newsletters and other communications of the Companies; and I hereby waive, and release and discharge said Companies and all agents, employees and officers of the Companies, including their agencies, media producers and customers from, any claims, liabilities and demands, past, present or future, including any that I do not now know of or anticipate arising in the future, none of which would affect my execution of this release if known to me, and waive all rights with respect to such use of my name, photograph, identity, and personal information including but not limited to publicity, privacy, psychological injury and libel.

**\_\_\_\_\_I give my child Media Permission**

**\_\_\_\_\_I DO NOT give my child Media Permission**

**General Travel Permission Form (Please Initial)**

By signing below, the parent/guardian of the youth agree that the boys & Girls Club of Glacier Country nor any of their representatives shall be held liable for any accidents or misfortunes while in route to or returning from any Boys & Girls Club outings during the After-School/Summer Program. This includes outings in which members travel by foot off the Club property with Club staff for normal programming time (i.e. city pool, Glacier Institute, Glacier Gateway playground, etc.)

The Boys & Girls Club of Glacier Country must have this permit signed by the parent/guardian before the youth is allowed to travel with the Club during any outings during the after-school/summer program.

This form only gives permission for youth to travel with the Boys & Girls Club of Glacier Country. A parent/guardian signature must be on a sigh-up sheet for each field trip before the youth will be allowed to attend that field trip or outing. A youth may only attend field trips open to their age group. Some field trips may have limited capacity; these sign-ups will be on a first come, first served basis.

**\_\_\_\_\_I give my child General Travel Permission**

**\_\_\_\_\_I DO NOT give my child General Travel Permission.**

**School Data Release**

The Boys & Girls Club of Glacier Country is the recipient of a federal grant for after-school and summer programs. As a recipient we have **required reporting that is mandatory** in order to be in compliance with the grant. By not collecting this data and providing accurate reports we could be at risk of losing funding through the 21st CLCC grant.

By signing this form, you are giving permission to allow Columbia Falls School District 6, Evergreen School District 50, Helena Flats School District #15 and the Boys & Girls Club of Glacier Country to share the following information:

Boys & Girls Club of Glacier Country must share each member’s full name as listed on school enrollment, race/ethnicity, English Language Learner, IEP or 504 Status, date of birth, gender, free/reduced lunch eligibility, grade/teacher name with School District 6 to be flagged as a participant in after-school programming to Montana Office of Public Instruction.

Several of the goals written in the grant are to provide programs that will assist Club members in excelling academically in school. The grant states we will have consistent communication throughout the school year with school administration and/or teachers to collaborate on how to help Club members who are struggling with grades. Club staff and school staff will share information about school work, report cards and Smarter Balance scores.

Developing positive behavior in Club members is another goal written in the grant. Club staff and school staff will share excessive behavior issues in an effort to work together to address these issues and to carry over consistency from the school day to after-school programming to better serve Club members.

If you have any questions or concerns please feel free to give me a call, Mandy Anderson, Executive Director, 406-892-2697.

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Child’s Name as provided to school Parent Signature Date

(Please Print)

\*Please fill out this application in its entirety and return it to the Boys & Girls Clubs of Glacier Country by e-mailing it to Pamela Koller at [pkoller@bgcglacier.org](mailto:pkoller@bgcglacier.org) or mailing it to P.O. Box 961 Columbia Falls, MT 59912 or delivering it to our Clubhouse at 535 4th Ave. W. Columbia Falls, MT 59912.\*

**THANK YOU!**